

Michigan Department of Community Health  
**Nurse Aide Training and Competency Evaluation Program**  
**Certified Nurse Assistant Training Reimbursement**

**PURPOSE:** The Certified Nurse Assistant (CNA) must present this information to his/her Medicaid and/or Medicare certified nursing facility employer to apply for reimbursement of eligible CNA training and testing costs. Reimbursement is not available to CNAs working in other residential or patient care settings.

**CNA:**

Last Name	First Name	Middle Initial
Social Security Number	Birthdate	Driver License/Identification

I incurred the following expenses to become a CNA (Certified Nurse Assistant).

**TRAINING:** *(Attach receipts)*

Approved Program Name: _____	Amount	\$ _____
Location: _____	Date of Payment:	_____
Completion Date of Training: _____		

**COMPETENCY EVALUATION:** *(Attach receipts)*

*Clinical Skills Test*

Site: _____	Date: _____	Amount: \$ _____
Site: _____	Date: _____	Amount: \$ _____
Site: _____	Date: _____	Amount: \$ _____

*Knowledge Test*

Site: _____	Date: _____	Amount: \$ _____
Site: _____	Date: _____	Amount: \$ _____
Site: _____	Date: _____	Amount: \$ _____

*Rescheduling Fee (No-Show)*

Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____
Date: _____	Amount: \$ _____

*Initial Registration Fee*

Date: _____	Amount: \$ _____
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*Registration Document Renewal*

Date: _____	Amount: \$ _____
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**Check appropriate box, sign and date:**

☐ I have not received any payment for any of these expenses from another source, such as another nursing home, a vocational training program, etc.

☐ I have received payment from another source for the listed expenses:

Amount: \$ _____	Date: _____	Source: _____
Amount: \$ _____	Date: _____	Source: _____
Amount: \$ _____	Date: _____	Source: _____

**I understand that the information I have provided may be audited.**

CNA Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NURSING FACILITY:** *(Retain this information for documentation of NATCEP costs.)*

Facility Name: \_\_\_\_\_

Provider I.D. Number: \_\_\_\_\_ MDCH License Number: \_\_\_\_\_